

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10003725</i>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51			
2	/						52			
3	/						53			
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42	/						92			
43	/						93			
44	/						94			
45	/						95			
46	/						96			
47	/						97			
48	/						98			
49	/						99			
50	/						100			
TOTAL IND.							101	A		
TOTAL DEP.							102			
TOTAL CLAIMS							103			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

JUN 20 2015